

Prudential Life Claim Instructions

PLEASE **SEND ALL LIFE INSURANCE CLAIMS TO DAS-HRE**, ATTN: LIFE INSURANCE. PLEASE DO NOT SEND LIFE INSURANCE CLAIMS DIRECTLY TO PRUDENTIAL.

Page 1 of 8 – This is an informational and instructional page.

Page 2 of 8 – The Personnel Assistant completes this page:

Block 1 – Deceased's Information

First Name – Enter the employee's first name.

MI – Enter the employee's middle initial.

Last Name – Enter the employee's last name.

Social Security Number – Enter the employee's Social Security Number.

Date of Birth – Enter the employee's date of birth.

Date of Death – Enter the employee's date of death.

Gender – Check the employee's gender.

Relationship to Employee – Check the "Employee" box.

State of Residence – Enter the two-letter code for the State in which the employee lived.

Did employee have accidental death coverage? – Check "Yes".

Date of Accident – If the death was caused by an accident, enter the date of the accident.

State of Accident – If the death was caused by an accident, enter the two-letter code for the State in which the accident occurred.

AKA: First Name and Last Name – Enter this information if the employee was known by any other name.

Block 2 – Employee/Member Information

First Name – Enter the employee's first name.

MI – Enter the employee's middle initial.

Last Name – Enter the employee's last name.

Social Security Number – Enter the employee's Social Security Number.

Date of Birth – Enter the employee's date of birth.

Date of Employment – Enter the employee's date of employment.

Hourly/Salary – Check the appropriate box.

Union/Non-union – Check the appropriate box.

Part Time/Full Time – Check the "Full Time" box. The State of Iowa does not offer life insurance coverage to employees who work less than 30 hours per week.

Date Last Worked – Enter the date the employee was last actively at work.

Occupation – Enter the employee's class title.

Where Employed – Enter the name of the agency where the employee worked.

If not actively at work immediately prior to death, what was the reason? – If applicable, check the appropriate box.

Street Address (where employed) – Enter the address where the employee worked.

City, State, ZIP Code – Enter the City, State and ZIP code for the employee's work location.

Prudential Life Insurance Claim Instructions

Page 2 of 4

Block 3 – Employer/Association Information

Employer's Name – Enter "State of Iowa".

Street – Enter your agency's address.

City, State, ZIP – Enter your agency's information.

Telephone Number – Enter your telephone number.

Page 3 of 8 – The Personnel Assistant completes this page.

Enter the Employee's Social Security Number in the blocks at the top of the page.

Block 4 – Insurance Coverages

Basic Term Life – Check the box, enter the Control Number (41626), enter the Amount (\$10,000 for AFSCME, PPME and Non-Contract; \$20,000 for UE/IUP and SPOC), enter the Date the Basic Life Insurance coverage became effective, and enter the Branch Code (from the Prudential Life & LTD Branch Structure spreadsheet – a new copy is attached for your reference).

Optional Term Life – If the employee had Supplemental Life insurance coverage, check the box, enter the Control Number (41626), enter the Amount of Supplemental coverage the employee had, enter the Date the Supplemental Life Insurance coverage became effective, and enter the Branch Code.

IN THE EVENT OF ACCIDENTAL DEATH, CHECK ONE OR BOTH OF THE FOLLOWING BOXES (AS APPLICABLE). NEWSPAPER CLIPPINGS, OFFICIAL REPORTS OR A LETTER EXPLAINING THE ACCIDENT MUST BE INCLUDED WITH THE CLAIM.

Accidental Death – Check the box, enter the Control Number (41626), enter the Amount of Basic coverage the employee had, enter the Date that Basic Life Insurance coverage became effective, and enter the Branch Code.

If death was caused by an automobile accident where:

- A seat belt was in use and/or,
- The seat the deceased occupied was equipped with an airbag that deployed, add 10% of the basic coverage amount for each of these conditions.

Optional Accidental Death – Use only if the employee had Supplemental Life Insurance coverage. Check the box, enter the Control Number (41626), enter the Amount of Supplemental coverage the employee had, enter the Date that Supplemental Life Insurance coverage became effective, and enter the Branch Code.

Prudential Life Insurance Claim Instructions

Page 3 of 4

If death was caused by an automobile accident where:

- A seat belt was in use and/or,
- The seat the deceased occupied was equipped with an airbag that deployed,

add 10% of the basic coverage amount for each of these conditions.

Salary Amount on Last Day Worked – N/A. The State of Iowa's group life insurance is not based on employee salary.

Was insurance ever assigned? – In most cases, the answer to this question is "No". If the insurance has been assigned, you should have a copy of the assignment in the employee's file. In this situation, check "Yes", and attach a copy of the assignment.

The most common reasons for assignments are the result of a court order in a divorce or, sometimes when people are partners in a business, each partner may assign their life insurance to the other partner(s). If an individual had an assignment, one would generally be kept with the employee's life card and/or beneficiary designation.

Has insurance percentage increased in last two years? – If the amount of the employee's basic or supplemental coverage has increased in the past two years, check "Yes", and provide the date the coverage increase became effective. Otherwise, check "No".

Was evidence of insurability required to secure current coverage? – If the employee submitted a short-form or long-form evidence of insurability form that was approved by Prudential, check "Yes". Otherwise, check "No".

Is there contributory insurance? – Check "Yes" if the employee had supplemental (optional) life insurance coverage. Otherwise, check "No".

Date Last Premium Paid – Enter the date of the last payroll deduction for supplemental life insurance.

Was insurance in force on date of death? – This will usually be "Yes", unless the death occurred during the conversion period (31 days following the end of employment).

Insurance Terminated – If the above answer is "No", enter the date that life insurance coverage ended.

Conversion Privilege Offered (if available) – Enter the date that conversion forms were given to the employee.

Did the employee and/or the covered dependent suffer a loss as defined by the BTA contract? – N/A. Our policy does not include a Business Travel Accident (BTA) provision.

Prudential Life Insurance Claim Instructions

Page 4 of 4

Pages 4 of 8 and 5 of 8 – The Personnel Assistant completes this/these pages:

Enter the Employee's Social Security Number in the blocks at the top of the page.

Block 5 – Payment Information

Mail payment to: – Check "Beneficiary(ies) at the address(es) listed below.

Provide the requested information for each beneficiary.

Print or type your name in the box near the bottom of the form, then sign and date the form.

Page 6 of 8 – Beneficiary Statement. Each beneficiary completes one of these forms.

If the beneficiary is an estate, submit a certified copy of the court order appointing an executor/administrator and the Taxpayer Identification Number for the estate.

Page 7 of 8 – Beneficiary Statement – **Only used for Accidental Death claims.** Each beneficiary completes this form.

Page 8 – Give this page to each beneficiary. If there is more than one beneficiary, make copies for each beneficiary.

Instruct the beneficiary(ies) to return pages 5, 6 and 7, as applicable, to the Personnel Assistant.

The Personnel Assistant will assemble all sections of the claim, including an original death certificate and any other required documentation for submission to:

DAS – HRE

Attn: Life Insurance

Grimes State Office Building

Des Moines, IA 50319-0150